DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193	
	1. TRANSMITTAL NUMBER:	2. STATE:	
TRANSMITTAL AND NOTICE OF APPROVAL OF	0 1 _0 2 5	Georgia	
• STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TIT	LE XIX OF THE SOCIAL	
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE July 1, 200	1	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	3419 1, 200	•	
5. TYPE OF PLAN MATERIAL (Check One):			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE C	ONSIDERED AS NEW PLAN	MENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM	ENDMENT (Separate Transmittal for each am	nendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	75 7/2	
FR 447.200	a. FFY 01 \$	75,743 299,979	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS		
	OR ATTACHMENT (If Applicable):		
·			
Attachment 4.19-B, page 14	New		
10. SUBJECT OF AMENDMENT:			
Reimbursement Methodology For	Psychological Services		
11. GOVERNOR'S REVIEW (Check One):			
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:		
☑ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
- Mah) ref			
13. TYPED NAME: Mark Trail	Department of Community Health		
14. TITLE:	2 Peachtree Street, N.W.	vivision of Medical Assistance Peachtree Street, N.W.	
Acting Director, Div. of Medical Assistance	Atlanta, Georgia 30303-3159	9	
15. DATE SUBMITTED: September 20, 2001			
SOPERIOR DE LO PRINCIPANTE			
17. DATE RECEIVED:	A PAIF APPENED INTERIOR	Book 19 4 Streeting Date of	
aeptamber 4, 2001	ONE COPY ATTACHED	evit elle el bas rosvad	
	SO SIGNATURE SEPECIONAL OFFICIA	tion (20 - Signature of Perc	
July 1, 2001	1 8110		
21. TYPED NAME:	22. TILE Associate Regions	Mainistrator	
Sugene A. Grasser	Division of Medicatil and Sta		
23. REMARKS:	s societo reference pen and ink changes, a p	1 22 - 122 (C. 1) 1 - 13 E. 1)	
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크리스 (1) 			
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POLICY AND METHODS FOR ESTABLISHING PAYNMENT RATES FOR OTHER TYPES OF CARE OR SERVICES

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W.	Psychol	logical	Services
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Payments are limited to the lower of:

- (a) The submitted charge, or
- (b) the statewide rate as based on a percentage of Medicare's RBRVS (Resource Based Relative Value Scale) not to exceed the current applicable year.

TN No. 01-025
Supersedes Approval Date DEC 2 1 2001 Effective Date JUL 0 1 2001
TN No. New

Department of Health & Human Services Centers for Medicare & Medicaid Services 61 Forsyth St., Suite. 4T20 Atlanta, Georgia 30303-8909



MEMORANDUM

Date:

December 21, 2001

From:

Associate Regional Administrator, CMS, DMSO, Region IV, Atlanta, GA

Subject:

Georgia State Plan Amendment, Transmittal #01-25

To:

Elliott Weisman, CMS, CMSO, Baltimore, MD

A copy of the subject plan amendment is forwarded for your information.

The effective date of this amendment is July 1, 2001.

Attachments